

CHILD & FAMILY

believe and achieve

FOUNDATION

Believe and Achieve Child and Family Foundation

Referral and Application Form

Family Details

Caregiver 1's full name: _____

Caregiver 2's full name: _____

Best contact number: _____

Email address: _____

Home address: _____

Child or Young Person's Details

Full name: _____

Date of birth: _____

Gender: _____

Does the child identify as Aboriginal and Torres Strait Islander?

- Aboriginal
- Torres Strait Islander
- Neither

Formal diagnoses: _____

Child's interests: _____

Child's strengths: _____

What Brings You Here?

- | | |
|---|--|
| <input type="checkbox"/> Developmental concerns | <input type="checkbox"/> Trauma or significant life events |
| <input type="checkbox"/> Emotional concerns | <input type="checkbox"/> Learning challenges |
| <input type="checkbox"/> Communication challenges | <input type="checkbox"/> School challenges |
| <input type="checkbox"/> Social skills challenges | <input type="checkbox"/> Participation challenges |
| <input type="checkbox"/> Behavioural challenges | <input type="checkbox"/> Carer burnout / isolation |

What Support(s) Are You Looking For?

- | | |
|--|---|
| <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Dietician |
| <input type="checkbox"/> Speech pathology | <input type="checkbox"/> Developmental assessment |
| <input type="checkbox"/> Psychotherapy support | <input type="checkbox"/> Autism assessment |
| <input type="checkbox"/> Early intervention programs | <input type="checkbox"/> Parent / caregiver support |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Group programs |

Current Support(s) In Place

Please tell us about any supports currently in place for your child or family.

- | | |
|--|---|
| <input type="checkbox"/> NDIS funded supports | <input type="checkbox"/> Dietician |
| <input type="checkbox"/> Centrelink payments | <input type="checkbox"/> Developmental assessment |
| <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Autism assessment |
| <input type="checkbox"/> Speech pathology | <input type="checkbox"/> Parent / caregiver support |
| <input type="checkbox"/> Psychotherapy support | <input type="checkbox"/> Group programs |
| <input type="checkbox"/> Early intervention programs | <input type="checkbox"/> Behaviour support practitioner |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Paediatrician |

If applicable, how are current supports being funded?

Is the family currently linked in with any support services? If yes, please list the service(s):

Barriers to Accessing Supports

- Financial hardship
- Geographic location
- Transport
- Waitlists
- Not sure where to start

Other (please specify):

Education and Learning

- | | |
|---|---|
| <input type="checkbox"/> Mainstream school | <input type="checkbox"/> Distance education |
| <input type="checkbox"/> Support unit | <input type="checkbox"/> Daycare |
| <input type="checkbox"/> School for specific purposes (SSP) | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Home schooled | |

Along with this application form, please upload a referral or supporting letter from your child's general practitioner, paediatrician, or treating health professional outlining current concerns and support needs. Where applicable, this should also confirm that the child is not currently accessing ongoing NDIS funded supports, or include the expected end date of current NDIS funding or services.

Person completing form: _____

Contact number: _____

Email address: _____

Date: _____